Version 4.6 Enhancements

D/SIDDOMS

CHCS II

May 11, 1998 **COMPOSITE HEALTH CARE SYSTEM**

WHAT'S NEW IN VERSION 4.6

The many exciting changes included in CHCS Version 4.6 provide continuing opportunities to improve patient health care by integrating technology and information management.

CHCS has been enhanced so all aspects of Ambulatory Procedure Visits (APVs) are managed on an outpatient basis. APV refers to surgery or episode of care and any related immediate, day of procedure care, rendered in an Ambulatory Procedure Unit (APU). APV software enables you to book and check in patients for APV appointments, track minutes of service rendered in APUs, order diet and meds on a separate APV page, track delinquent APV records, provide APV billing, and other miscellaneous reporting functions. The APV software is integrated into the Patient Administration (PAD), Patient Appointment and Scheduling (PAS), Clinical (CLN), Pharmacy (PHR), Laboratory (LAB), Dietetics DTS), Medical Record Tracking (MRT), and Workload Assignment (WAM) modules.

CHCS Version 4.6 now interfaces with the Managed Care Support Contractor (MCSC). Through an American Standard Code for Information Interchange (ASCII) file, CHCS provides information such as, patient data, other health insurance data, enrollment data, Managed Care Program (MCP) referral data, provider network data, and health care finder appointment data to MCSC. This interface provides patient referral activity within the network so that available resources are optimally used.

The new Enrollment Based Capitation (EBC) software includes a variety of enhancements to support resource allocation of the TRICARE Prime enrollment population. Enhancements include modifying the enrollee's division from user defined to the division associated with the assigned primary care manager's (PCM's) place of care. The new CHCS/Defense Enrollment Eligibility Reporting System (DEERS) Enrollment Synchronization Report counts enrollees in CHCS in the same manner as in DEERS.

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New Features for Patient Appointment and Scheduling (PAS)

Provider/Place of Care Inactivation

Inactivating providers and places of care in PAS and MCP is now standardized. You can enter a past date, today's date or a future date as an inactivation date and inactivate either the provider or place of care regardless of any discrepancies found (e.g., pending appointments, wait list requests or Primary Care Manager (PCM) assignments.) You are prompted to generate the Discrepancy Avoidance Report (DAR) if any discrepancies are found.

PAS Mailer Sort

The PAS Mailer can be printed for a division, for a group of divisions, or for the entire facility. This enhancement allows you to sort the PAS mailers by department or by clinic.

Ambulatory Procedure Visit (APV)

The APV software enhancements help ensure that cost of services is correctly reported for each outpatient whose care has been defined as an APV. An APV is a surgical/ procedure oriented visit which consists of a 24-hour or less episode of care, in a hospital location which has been defined as an Ambulatory Procedure Unit (APU) in the Hospital Location file.

APU locations are created in CHCS, allowing users to create schedules and book appointments for APV outpatients without admitting or dispositioning these patients. A hospital location is identified as an APU by entering "S" in the Location Type field, a Medical Expense and Performance Reporting System (MEPRS) code defined for an APU is used, and a DGA MEPRS code is defined for the location.

When an APV appointment is requested through Clinical (CLN) Order Entry, existing PAS functionality is used to schedule the appointment. An Ambulatory Procedure Request (APR Order) is initiated by the Order Entry software and then scheduled by PAS through the existing AOP option. APV appointments can also be scheduled through the Booking option in PAS. This in turn creates an APR order.

A new option, APV Minutes of Service Enter/Edit (MAPV) has been created to track APU date/time data for admissions, routine dispositions and other nursing interventions. An APV tracking number is assigned when the appointment is kept. This option can be used by authorized PAS and CLN users.

New Managed Care Program (MCP) Features

Medicare Demonstration

These enhancements identify and track the enrollments of patients eligible for Medicare benefits who are enrolled in the TRICARE Senior Option program.

Use Current End of Eligibility

The Disenrollment Grace Period for active duty beneficiaries with an Alternate Care Value (ACV) of A has been implemented.

External Network PCM

When assigning active duty beneficiaries in batch assignment and interactive PCM assignment functions, CHCS now displays picklists with contractor network PCMs with agreement types of Civilian Network Provider (NET) or Supplemental Care/Diagnostic Services (SUP) in addition to direct care PCM with agreement types of Medical Treatment Facility Staff (MTF) or Contract (CON). This functionality increases the number of PCM selections for active duty beneficiaries.

Conditional Enrollments

For beneficiaries with MCP status of Conditional Enrollment, the system automatically checks DEERS eligibility for a period of 120 days after MCP enroll date (in 7-day increments). When appropriate, based on the eligibility response and 120-day Conditional Enrollment period criteria, the system updates the MCP Status to either Enrolled or Disenrolled. If DEERS does not return an eligible response within 120 days, the End Enrollment date equals the MCP Enroll date. The disenrollment reason becomes EC Enrollment Cancelled.

Medicare Capacity Limits

CHCS allows you to set capacity limits on the number of Medicare beneficiaries who may be assigned to individual provider PCMs and provider group PCMs.

Enrollment Based Capitation (EBC)

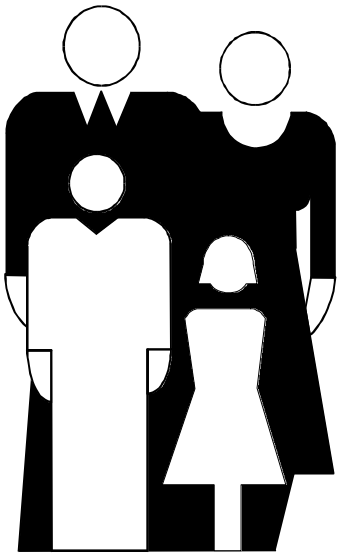
The EBC project comprises a variety of enhancements that support the objectives of resource allocation of the TRICARE Prime enrollment population. To collect and report on this information, the system identifies the division to which a patient is enrolled as well as the Division that performed medical/clinical/ ancillary services for an enrollee.

The following enhancements support EBC:

- CHCS modified the enrollee's division from user defined to the Division associated with the assigned PCM's place of care.
- A new summary enrollment report (CHCS/DEERS Enrollment Synchronization Report) counts enrollees in CHCS in the same manner as in DEERS.

Revise Enrollment Discrepancy Processing

With the new miscellaneous enrollment processing and reporting enhancements, you can better utilize the data returned from a DEERS eligibility response to indicate any data discrepancies between DEERS and CHCS prior to filing enrollment data. The system allows you to correct these error(s) during enrollment, but does not prevent filing an enrollment if data discrepancies exist.



The enhancements implement similar enrollment processing rules for DEERS and CHCS.

Enrollment Cancellation (ECAN)

This new option provides a more streamlined approach to processing enrollment cancellations. ECAN automatically sets the disenrollment reason to Enrollment Cancelled and updates the enrollment end date to equal the enrollment start date.

Enrollments can no longer be cancelled through batch options.

Disenrollment Cancellation/Correction (DCAN)

This new option allows you to access the historical enrollment record to cancel or correct the enrollment end date. You may correct the most current enrollment history in CHCS. Previously, this could only be accomplished manually.

Enrollment/Disenrollment Discrepancy Report

CHCS allows you to generate this report, that lists all enrollees with a current enrollment discrepancy. The report shows the discrepancy code number and description, and covers the most recent enrollment episode for patients enrolled in MCP. CHCS has expanded the report parameters to allow secondary sorts and now stores the messages for later retrieval.

Managed Care Support Contractor (MCSC)

The Department of Defense (DOD) is changing from standard fee-for-service financing of care purchased from civilian providers under Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) to managed care contracts. The contracts establish regional preferred provider networks and assign PCMs who are responsible for providing all primary care to the patient as well as referrals for any necessary specialty services.

New Features for Patient Administration (PAD)

Pseudo SSNs

This enhancement to CHCS ensures that pseudo Social Security numbers (SSNs) are

unique to each person. A system check implemented during patient registration or edit, John Doe registration, or Mass Casualty (MASCAL) admission, prevents the system from assigning the same pseudo SSN to more than one patient.

The New APV Deficiency/ Delinquency Module

The new APV Delinquent Record Tracking Menu functions much like the Inpatient Deficiency/ Delinquency Record Menu. This menu, with six new options, enables you to identify the proper documentation needed to complete a patient's APV outpatient medical record, and track the progress of the completion process.

The system uses APV Record Parameter data to determine which items may be tracked, when each item is considered delinquent, and what record actions may be entered for each completion item. This option may contain division-specific record items and actions.

You may track a patient's medical record through four new reports

The new Deficiency/ Delinquency Output Menu (APV) Option allows you to produce reports specific to APV delinquent records. The option enables you to generate four reports used to track APV records to ensure that they are completed in a timely manner.

Additional APV Modifications

Modifications to the patient merge software prevents patients with a current or future APV appointment from being identified or merged. A system check verifies that neither patient has a current or future APV page before allowing you to continue merging. If either patient has a current or future APV page, a system warning prevents you from continuing. Once the APV activity is complete, patients can be identified and merged. The Identify Duplicate Patients (IDP), Individual Duplicate Patient Search (IDS), and Merge/Transfer Patient Data (MPD) options use this screening process.

PAD admission and disposition options have been modified to screen all patient admissions for open APVs. The system also searches the Patient Appointment file for APV appointments with a status of "kept" that have an Arrival Date/Time that overlaps the Inpatient Disposition Date/Time. If either occurrence is found, a notification message displays and the Admission Date/Time is rejected. The system requires you to disposition the patient from the APV appointment prior to proceeding with the admission.

When you admit a patient as a result of a previous APV encounter, the admission must be identified by entering the new Source of Admission: Admission Resulting from APV, Direct to Military MTF (APA).

The Worldwide Workload Report ASCII file has been enhanced to contain data for APVs.

Admission Verification Worksheet

The new system-generated Admission Verification Worksheet, reduces patient registration errors and decreases inpatient admission processing time.

Consolidated Clinical Records Report

The new Consolidated Clinical Records Report displays all valid clinical record statuses for a user-specified date range. The valid record statuses are: Incomplete (I), Rejected (X), Released (R), Waiting (W), and Forced Waiting (FW).

The Euro Project Brings Changes to PAD

The GP Extractor Error Driver utility allows authorized users to resolve data discrepancies which were identified when the system scanned specific fields in CHCS to capture records with missing or incorrect data. The system compiles an exception report from that file that lists the errors by patient name or error type. The data inconsistencies must then be resolved through Mini Registration. After each patient's record is updated, CHCS sends a Health Level 7 (HL7) message to the Master Patient Locator (MPL) database, then deletes the entry from the exception report.

This enhancement enables you to create a Transportable Computer-based Patient Record (TCPR) and send it to, or request it from, other medical treatment facilities (MTFs).

A TCPR can be generated for active duty, family members, or retired patients. The record is primarily generated because the patient is moving, or traveling, or to enable a provider at another facility to review the patient's record.

Worldwide Workload Report

CHCS now allows you to log onto or switch to a lead division to create and send an ASCII file by Division or Group ID. If you select an ASCII file for a Group, a file for the main Division and all its roll-up divisions is created and sent. If you log onto or switch to a roll-up Division, you can only create and send the ASCII file for a single Division.

The Worldwide Workload Report (WWR) has been modified to add a header and trailer record to the ASCII file. This information is used to identify the source and content of each generated ASCII file.

SIDR File Updates

The Standard Inpatient Data Record (SIDR) has been modified to include patient enrollment data from DEERS. The new data is used by the Corporate Executive Information System (CEIS) to perform Enrollment Based Capitation (EBC); however, it is available to all receiving agencies and systems.

MASCAL Updates

A new option, MASCAL Parameters, allows you to identify each MASCAL event with a unique prefix, and to

have multiple prefix codes active at the same time within each Division. In addition, authorized users can define, enter, and edit the MASCAL Event Prefix and the MASCAL Activation and Completion Date/Time associated with each MASCAL event.

A Triage Category Report provides MASCAL inpatient processing information.

The new Triage Category Report option enables you to generate a report which lists the MASCAL patients entered during MASCAL Inpatient Processing, within a specified date range. The report can be generated for one or all MASCAL events.

Medical Services Accounting (MSA) Billing Changes

MSA Newborn Billing Policy

The newborn billing policy for MSA was changed to be consistent with third party collections (TPC). Effective 1 October 1996, or T+1 (where T is the installation date), whichever date is later, MSA billing for newborns begins on the date of birth. Newborns dispositioned on or after the implementation of this change now accrue charges from the date of their admission.

A UB-92 Billing Form is Now Available in MSA

The UB-92 is a Department of Defense (DOD) form used to bill third party insurance companies for services provided to all patients except active duty and civilian emergencies. The MSA Clerk Action Screen has been enhanced to allow you to generate a UB-92 for patients normally billed in MSA at the following rates: Full Reimbursable Rate (FRR), Interagency Rate (IAR), Institute of Surgical Research (ISR), and/or International Military Education and Training (IMET).

DD7A Billing Menu

The new DD7A Billing Menu allows you to enter/edit outpatient billing rates for a specific MEPRS code, view and select/deselect from a list of patient appointments that are DD7A-billable for the current billing month, edit patient charges, add patients to the DD7A outpatient Billing Selection List, generate a DD7A Billing Rate table, and produce a final DD7A Report.

The APV rates for DD7A patients are system-calculated and based on the Patient Category (PATCAT) and the third level MEPRS code.

What's New In Dietetics

Along with other previously available order types for outpatients, diets can now be ordered for patients in an Ambulatory Procedure Unit (APU). These diet orders are entered on an APV page once the patient arrives for the APV visit. Diet Rosters can then be printed for specified APUs.

Note: Refer to the Patient Appointment and Scheduling (PAS) and Clinical (CLN) sections of this brochure for more information on APVs.

New Features for Radiology

24-Hour Scheduling Capability Now Available for Radiology

Radiology Departments can now schedule radiology procedures 24 hours a day.

You may schedule Radiology procedures 24-hours a day with the new scheduling software.

Using the Schedule Template Enter/Edit option, enter 0001 in the Start field and 2359 in the Stop field to accommodate 24-hour scheduling. The scheduling grids have been modified to accommodate a 24-hour schedule format.

The Procedure File Edit and the Radiology Room Edit options have been modified to allow you to indicate which procedures may be performed 24 hours a day and the available rooms.

Patient's Home and Work Phone Numbers Now Display on Schedules

The Radiology software has been modified to display patient home and work phone numbers on the following radiology schedules:

- Department Schedule
- Radiology Location Schedule
- Room Schedule
- Requesting Ward/Location Schedule.

This new feature saves you time when calling patients to reschedule appointments or when providing exam prep information.

New Features for Laboratory

Two New Enhancements Help with Quality Assurance Requirements

The new Lab Results Turnaround Time Report displays the elapsed turnaround time for a lab test. The turnaround time represents the time a lab test is logged-in to the time the result is certified.

A new option, Store Supervisory Review, now allows you to document online that patient test results have been reviewed. You may also use the Supervisory Review Print option to print a report that displays the supervisor's documentation of reviewed test results, by accession area, on the date of the Specimen Master Log.

Both of these enhancements facilitate your quality assurance (QA) requirements.

New Abnormal/Critical Results by Test Report

The new Abnormal/Critical Results by Test Report allows you to track and follow-up research on a specified test. You may select to review either abnormal or critical results by test.

SNOMED Codes May Now Be Inactivated

Sites that use CHCS Anatomic Pathology can now inactivate SNOMED codes during result entry at the work element level.

Simply indicate your preference in the Lab Work Element file. If SNOMED codes are activated, SNOMED codes are automatically entered during result entry. If SNOMED codes are inactivated, SNOMED codes are not automatically entered by the system but may still be manually entered.

This new feature gives the sites flexibility and prevents an occasional false positive match.

Defense Blood Standard System (DBSS) Updates

CHCS Version 4.6 introduces two new features to the DBSS interface.

When DBSS blood bank results are transmitted to CHCS, in addition to storing the result in the Lab Result file, CHCS now stores the patient's blood type in the Patient file. If there is a discrepancy between the current blood type stored in the Patient file and the new patient blood type, the Laboratory software triggers a mail bulletin to users designated as recipients in the new Lab Host Platform Parameters file.

Order, result and report patient Blood Group/RH tests on CHCS.

Besides receiving patient blood type results from DBSS, you can now order, result and report Blood Group/RH tests on CHCS. Additionally, the blood type data and source of data, whether resulted on DBSS or CHCS, is transmitted to DEERS.

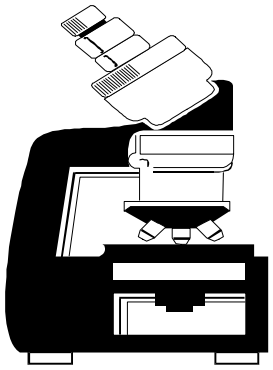
Data Innovations, Incorporated (DII) Updates

Updates of the DII interface to CHCS include the ability to control the display of error messages on CHCS. A new option allows you to display error codes and error text associated with each auto instrument interfaced with CHCS. Using the Auto Instrument Add/Edit (AIE) option, you may change the default error messages that display on CHCS.

You can now display the current status of the instrument interfaced to DII using the Check Interface Device (CID) option. You can also start or stop the DII instrument interface using the Start/Stop Auto Instrument Data Collection (SSD) option.

Inpatient Divided Work Center (IPDWC) Interface to COMED Anatomic Pathology

Multiple accession areas and lab tests associated with multiple divisions on CHCS can now be mapped to corresponding specimen Prefix/Case Type Identifiers on CoPath.



CoPath prefix and case types are mapped to accession areas and lab tests using the new AP Interface Map File Add/Edit (APE) option. A standard set of entries is installed with the AP Interface Map File. The APE option allows you to customize your site entries by adding to this file, or by editing or deleting existing entries. Two

new options allow you to display or print the entries in the AP Interface Map File.

Now you can track accessions between CHCS and CoPath using CHCS Lab inquiry and reporting options.

CoPath AP patient results are now available through CHCS inquiry and reporting options. These include:

- Activity Master Log
- Overdue Procedure Report
- Pending List
- Specimen Master Log
- Lab Status Report
- Autopsy Report
- Bone Marrow Report
- Cytology Gyn Report
- Cytology Non-Gyn Report
- Surgical Pathology Report
- Review Results by Accession
- Generate a Work Document
- Manually Create a Work Document
- Modify a Work Document
- Print a Work Document
- Print Entire AP Specimen Log-In Doc't for 1 Day

These options help you to track accessions between CHCS and CoPath to identify possible problems during message transmission.

Edit Lab Results Using the Transfer Automated Results (TAR) Option

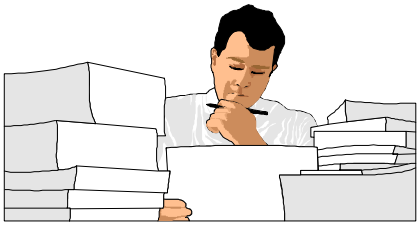
You can now edit and add comments to lab results that have been transferred to CHCS.

Using the Transfer Automated Results (TAR) option, the system now prompts you to edit results, in addition to filing and certifying results.

New Medical Record Retirement/Retrieval Software Now Available

Medical record room personnel can now identify records eligible for retirement and transfer these records to the National Personnel Records Center (NPRC).

The Create Record Index (CRI) option allows you to create an electronic list of records eligible for retirement. This record index is created based on criteria you select.



The Edit/Process Record Index (EPR) option allows you to edit and process the record index. You may remove or add records to the record index and enter the associated box number in which the record is packaged. You may also create, edit and print a Shipment Data file which contains information regarding the facility retiring the records. Once the Shipment Data file is created, it is placed into an ASCII format and downloaded onto a diskette for shipment.

The Delete Record Index (DEL) option allows you to delete a record index and its associated Shipment Data file once the process is complete.

Record Tracking Modification Supports APV

Medical Record Tracking has been modified to support Ambulatory Procedure Visits (APV). A new option, Create APV Record (APV) is located in Patient Appointment and Scheduling (PAS). This option allows you to create an APV record for patient surgical encounters that consist of a 24-hour or less episode of care, as soon as the APV appointment has been scheduled. If desired, the APV tracking number prints on the labels.

Note: Refer to the PAS and CLN sections of the brochure for more information on APVs.

Enhancements for Clinicians

CHCS Introduces the Transportable Computer-Based Records

Functionality developed for EuroCHCS Phase I has been integrated into Version 4.6 for use at other sites. This exciting new functionality enables you to create and maintain transportable computer-based patient records (TCPRs), which can be sent to or received from other MTFs. Sending a patient's TCPR, prior to arrival at another facility, allows a health care provider (HCP) to review the record, assess the patient's condition, and prepare medical treatment in advance. This capability is essential in combat, but can be used routinely when patients are transferred/relocated to other facilities or when another HCP is asked to review a patient's record.

Transportable computer-based records may now be created and maintained.

A TCPR compiles key clinical information, such as, laboratory, radiology, and consult results; medications/prescriptions, allergies, immunizations, progress notes, problem history, discharge summaries, and past hospitalizations. Several new options have been added to the Clinical (CLN) software menus to allow you to efficiently enter and maintain data in the TCPRs. For example, you can create problem lists associated with your clinic to select from when adding a problem to a patient's TCPR. You can also use a cut/paste feature to retrieve past laboratory results, radiology results, or prescription information into a patient's consult note.

Clinical Modifications for Ambulatory Procedure Visits

The clinical software has been enhanced to support an Ambulatory Procedure Visit (APV) encounter. To accommodate the unique needs of APVs, enhancements to Order Entry include:

A new order type, Ambulatory Procedure Request (APR) was created to enter appointment requests for patients who need an APV appointment scheduled. After the APR order is entered, the system sends an APV Appointment Request to PAS to book the appointment. The APR order can be entered by a CLN user via Order Entry.

- A new APV page has been created in the Patient Order List (POL) to keep orders

associated with a specific APV encounter separate from outpatient orders or other APV encounters. When an APR order is entered on the outpatient page, an APV page is created. In addition to regular order entry, you can use scratch pad, order sets, and desktop functions to enter orders on the APV page. All order types can be entered except for admission, disposition, and transfer (ADT) orders, APR orders, and LAB orders with a Lab Collect processing priority. The page is activated when the patient arrives and the appointment is statused "kept."

- A new option, APV Minutes of Service Enter/Edit (MAPV) has been created to track Ambulatory Procedure Unit (APU) date/time data for admissions, routine dispositions, and other nursing interventions. This option can be used by authorized CLN and PAS users.

- Two new actions have been added to the POL. The Emergency Disposition From APU (EDA) action allows you to quickly disposition an APV patient who must be admitted to an MTF. The Display APR order (DAPR) action allows you to display only the APR orders on the outpatient and APV pages.

The Telephone Consults (TEL) option has been modified to allow you to select APU locations to receive workload credit for telephone consults.

New Acuity Information From Defense Medical Human Resources System (DMHRS)

Version 4.6 has been enhanced with bidirectional HL7 messaging to allow DMHRS to send acuity data and nursing hours back to CHCS. Nursing personnel can use the data to track and assign acuity to ADT transactions.

The data is transmitted daily and stored on CHCS in the DMHRS Acuity file. You can access the file through the FileMan ad hoc or inquiry option. The file includes the patient name, Family Member Prefix (FMP)/Social Security number (SSN), current patient register number, date of care, patient acuity value, and number of nursing care hours associated with the acuity of the patient. Nursing hours are also available on the Standard Inpatient Data Record (SIDR) tape.

Consult and Ancillary Result Printouts Now Include Duty Station

Personnel in the Records Room have difficulty filing patient's results to the appropriate area if the duty station unit information is not known. To obtain the information quickly, the sponsor's Duty Station/Unit was added to various consult (CON) orders and scheduled ancillary workstation (ANC) order screens and printouts.

The system obtains the data from the Station/Unit field, which is a required field for active duty patient registration.

Any updates to this field through the registration options are automatically reflected in that patient's consult and scheduled ancillary workstation orders and subsequent order printouts.

Additional Enhancements for Workload Reporting

Additional enhancements in the Version 4.6 software were made to continue improving accurate workload reporting. Outpatient software has been modified to prevent you from entering a MEPRS code that begins with an "E" at the Clinical Service/MEPRS Code prompt, when you have entered an inappropriate requesting location at the Requesting Location prompt. An inappropriate requesting location is a hospital location that has a File Area location type and an associated "E"-Level MEPRS code.

The default that displays during outpatient order entry at the Requesting Location prompt, depends on the default defined in the Default Location field on the Order Entry Preferences screen. This screen has also been modified to prevent you from entering a MEPRS code that begins with "E" in the Default MEPRS Code field, when you have entered a location in the Default Location field that has a File Area location type. The Default MEPRS Code entry is only used when no MEPRS code has been assigned for a specific location in the MEPRS Code file.

The Hospital Location field in the Provider Maintenance option, was also affected by this change.

CHCS Enhancements for the Year 2000

With the year 2000 quickly approaching, CHCS was analyzed to ensure that dates spanning past the century mark on data stored in the system would continue to be processed accurately in all relative functionality.

CHCS prepares for a smooth transition into the year 2000.

In a database environment set to the year 2000, orders were entered with dates before and after December 31, 1999 to test the Clinical software. As a result, the Review Orders (RVO) option has been modified to ensure all resulted orders for the specified date range display, including orders dated in the year 2000. The Incidents (INS) and Problems (PRB) options on the Nursing Quality Assurance Menu (QAN) have also been modified to accommodate the four-digit year used in the report number (e.g., 2000-00001).

What's New For Pharmacy

Pharmacy Modifications to Support Ambulatory Procedure Visits

To support APVs, the Order Entry software has been enhanced to allow Pharmacy to process IV and MED orders for APV patients. As described in the Clinical section, orders for an APV encounter appear on a new APV page in the Patient Order List (POL). After the APV appointment is scheduled through PAS, you can access future orders on the APV page for first-dose processing. Once the patient arrives and the appointment is kept, you can access orders for all other order processing.

Existing Pharmacy functionality can be used for APV order processing. For example, you can enter and maintain IV /MED orders on the APV page. You can print future IV/MED order lists and future IV/MED labels for an Ambulatory Procedure Unit (APU), based on the scheduled date of the APV. You can also establish ward groups that contain APUs, which allow you to suppress the cart lists from printing orders for APV patients.

Enrollment-Based Capitation

For Enrollment-based Capitation, drug cost data is necessary to improve the accuracy of third party collections (TPC) reports. CHCS currently provides data through the Military Health Care Management Information System (MHCMIS) Interface, which now also includes drug costs. To support this effort, the following changes have been made to the Pharmacy software:

The DEERS eligibility checks are now performed for all new prescriptions and prescription refills that are entered through the Pharmacy software, regardless of the requesting provider. After you file the screen, DEERS checks eligibility based on the parameters defined for DEERS checking in the Outpatient Parameter (SIT) option.

- An algorithm has been created to calculate fill costs for prescriptions. A fill cost is calculated based on the prescriptions quantity and the drugs Local Cost. A fill cost is calculated and stored each time you enter, edit, or refill a prescription; partial a prescription or complete a partialed prescription; or mark a prescription noncompliant. This also applies to actions that create a new prescription, such as, modify, renew, and forward a prescription.
- A new option, Edit Fill Costs (EFC), allows you to edit a fill cost associated with any fill of a prescription. You can add a new fill cost for a prescription or edit an existing fill cost for a prescription, even for prescriptions processed at other sites or divisions.

Dispensing Option Enhancement

The Dispensing option has been enhanced to prevent inappropriate actions from being taken on prescriptions after they have been marked "Dispensed." If the fill state for the specified prescription is

valid only because the prescription has been marked "Dispensed," the system now checks the Pickup Grace Period and, if the period has not elapsed, prompts you to "Undispense" the prescription before proceeding.

Bar Code Technology

Version 4.6 offers bar code technology which was designed to generate a bar code for outpatient prescription labels. Using bar code provides more efficient documentation when prescriptions are dispensed. However, this is an optional functionality, since bar code requires scanners and DataSouth 300 model printers.

- Several options on Pharmacy menus have been modified to accept either a scanned bar code or a keyboard entry at the initial prompt to enter data into the system.

The new Quick Dispense (QRX) option allows you to quickly scan the bar code and mark the prescription dispensed. The action bar for this option includes only Dispense and Exit actions.

First DataBank

You can now add compound drugs to the Drug file. A compound drug may contain up to eight ingredients. The system performs clinical screenings on all ingredients when a compound drug is ordered for a patient.

More Changes Toward Accurate Workload Reporting

In Version 4.6, the accuracy of workload reporting has been improved:

- The Enter/Maintain Inpatient Orders (EMI) options have been modified to prevent you from entering a MEPRS code that begins with an "E" at the Clinical Service/MEPRS Code prompt, when you have entered an inappropriate requesting location at the Requesting Location prompt. This change also affects the Provider Location field in the Health Care Provider Maintenance (HCM) option.

  Note: Refer to the Clinical section for more information.

- The Enter Stock Issue (ESI) option has been modified to prevent you from changing the Bulk/Clinic Issue field. Bulk and clinic items are tracked separately for MEPRS count and workload credit. Now, bulk and clinic issues display as defined in the Stock Item Definition (SID) option.

Changes in Refill Grace Period Defaults

Department of Defense (DOD) policy states that refills for maintenance medications can be requested when 75 percent or more of a prior prescription has been used. The Outpatient Site Parameters screen includes fields to define the number of days a patient may come early to pick up a prescription refill. These fields, Refill Grace

Period and Scheduled Refill Grace Period, have been changed to reflect a percentage of days supply for a prescription instead of the number of days. The default is 75 percent, however your site can edit these values to meet their needs.

Additional Enhancements to the Pharmacy Software

- The unexpanded prescription SIG was added to the Outpatient DUR Report as a convenience to pharmacists when reviewing a medication dose or dosing frequency with a patient. (This change applies to the Outpatient DUR Report (ODU) option, when using sort options 1 through 5 combined with report option 1.)
- When you access the Formulary Inquiry (FIN) option, the screening logic now determines an appropriate default formulary group. Previously, the software defaulted to either the inpatient formulary group assigned to your logged-on division or the first inpatient formulary group defined in the system. If you were logged on to an outpatient division, this was not the correct method to determine the appropriate formulary group.
- In the Controlled Prescription Menu (CPM) options, you can now enter RX numbers at the initial prompt using a consistent format. As with most options on the Prescription Menu you can now enter "RX" followed by the prescription number. The system continues to accept the old format with a hyphen (-) between RX and the number, but it is no longer required. The Clinical Screening (CCS) option has been modified to allow you to enter the RX number in a consistent format.

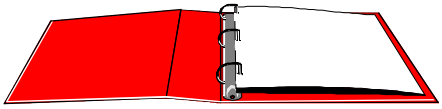
Facility Quality Assurance (FQA) Highlights

To provide a fuller profile, the Credentials list has added Teaching Appointments. To increase workload accuracy, when you select a provider without a defined hospital location, the system now displays, or prompts you to access, the provider's personnel profile and requires you to enter a location before continuing.

Events processing has been refined. All event numbers identify the current year along with the event number. Also, when you select an event type for a patient, the screen displays a complete record of all of the patient's events, regardless of subject status at the time.

Good news for QA Coordinators! A security key allows you to post attendance/actions for a committee without being designated as chairman. Also, a new option on the FQA secondary menu, Re-assign Event (RE), allows you to recover an event that is marked complete but requires additional review, and to reenter the event on the provider's review list.

About QA reports - A Death Review (DTH) option allows you to capture death-related information for all subject types (patient, staff, visitor) deaths, assign a review, and display the information on the Death Report.



A new report, Patients Admitted Following APV Encounter, lists patients who received care in an APU and were subsequently admitted to the hospital. Several other FQA reports have been enchanced to provide new helpful information.

Expanded WAM Collecting/Reporting

The Workload Assignment Module (WAM) now collects workload for Ambulatory Procedure Visit Minutes of Service. It reports both total number of minutes and total number of patients seen in Ambulatory Procedure Units to the Expense Assignment System (EAS) and to the Standard Accounting and Reporting System/Field Level (STARS/FL).

System-generated Outpatient Cost Pool (OCP) workload is collected and reported by WAM for Air Force OCPs. These templates can be edited. If the interface is not operating and you must begin collecting workload, you can manually enter, initialize, and generate the data.

The WAM Radiology MEPRS Report helps sites reconcile Radiology with WAM workload data. The report displays Performing/Requesting MEPRS and weighted/raw workload data. It includes an exception report, identifying any workload reported in the Radiology Subsystem but not reported through WAM, thus allowing discrepancies to be resolved.

A MEPRS (EAS) Parent field has been added to the Defense Medical Information System Identification (DMIS ID) Codes file to determine whether a Division DMIS ID is eligible for WAM MEPRS workload reporting.

A New Fiscal Year field has been added to the Navy Accounting System Data Interface (NASDI) Core file and the Stepdown Assignment Statistic (SAS) Detail file. This allows CHCS to store data in these files for two fiscal years and accommodates the possibility that SAS codes may be renamed each year.

New Data Administration Enhancements

Changes in Medical Treatment Facility (MTF) File

The Host Platform Name is the new system parameter which defines one or more MTFs consisting of one or more divisions for one CHCS platform. Your site Database Administrator must designate a single CHCS platform to replace the existing values stored in ^DD(SITE.

The MTF file is no longer a Class 1 file. You may now edit all fields in the MTF file except the DMIS ID Code and MTF Code.

The following three new options are available on the Common Files and Tables Maintenance Menu to accommodate changes in the

MTF file.

- The Common Files Supplementary Menu (CFS), consists of options from the original Common Files and Tables Maintenance Menu.
- Host Platform Name Enter/Edit (HPN) option has four required fields: Host Platform Name, Short name, Output Header, and Synonym.
- The Medical Treatment Facility File Enter/Edit (MTF) option allows you to edit entries to the MTF file; you cannot add new entries. This maintains the one-to-one relationship between MTF and DMIS ID Codes file entries. New entries are added to the MTF file only when a corresponding new entry is added to the DMIS ID Codes file as part of a special release/update or when the Host Platform Name is defined.

Provider Screens Have Been Revised

The Provider File Enter/Edit screen has been revised to remove obsolete data elements and rearrange remaining elements for a more logical data grouping.

Because the MEPRS/SubClinic, Secondary MEPRS, and Third MEPRS fields have been deleted, the Provider MEPRS Codes File Enter/Edit option has been removed from the Common Files and Tables Maintenance Menu (CFM). The Provider MEPRS Codes file (#7.1) has been deleted from CHCS. Since the Provider Privileges field has been deleted, the Provider Privileges file (#8850) has been removed.

Provider Place of Care Inactivation

To ensure consistency throughout CHCS, the Provider and Hospital Location Inactivation functionalities have been modified. This affects the following Common Files and Tables Maintenance Menu (CFM) options and Provider for Batch Merge Process (PBM) options:

- Provider DBA Inactivation through the Inactivate/Reactivate File Entries (ACT) option.
- Hospital Location DBA Inactivation through the Inactivate/Reactivate File Entries (ACT) option.
- Hospital Location DBA Inactivation through the Hospital Location File Enter/Edit (HOS) option.
- Provider MTF Inactivation through the Provider File Enter/Edit (PRO) option.
- Select Providers for Batch Merge Process (PBM) option.

When you attempt to DBA inactivate a Provider, either a Provider or Hospital Location, the system performs a series of discrepancy checks to determine if there are any pending PAS or MCP appointments, Wait List requests, or primary care manager (PCM) patient assignments linked to the provider. If discrepancies exist, the system blocks the DBA Inactivation and prompts you to generate a Discrepancy Avoidance Report (DAR). If no discrepancies exist, the system immediately DBA Inactivates the entry after the record is filed.

When you enter an Inactivation Date (MTF Inactivation) directly into a provider's record, the system automatically performs a discrepancy check if the actual date entered into the Inactivation Date field is a past or present date. If discrepancies exist, the system prompts you to generate a DAR and forwards a mail bulletin to the appropriate PAS/MCP mail group(s) notifying its members of the discrepancies.

WAM Core Table Edit

Starting with fiscal year 1998, SAS code definitions (i.e., description, Performing and Requesting MEPRS patterns) may change from fiscal year to fiscal year for WAM. This is known as SAS Code Redefinition. To support SAS Code Redefinitions, a new Fiscal Year field has been added to the NASDI Core file (#8185) and the SAS Detail (#8185.1) file.

These fields allow WAM Core data to be stored for two fiscal years. You may create the edit templates for the current fiscal year using the business rules and data for that year. You may also review, edit, approve, and transmit workload data to EAS for the previous fiscal year (i.e., September data) using the associated business rules and data for that year.

WAM PHASE II - E Level MEPRS Edit

CHCS provides new reports to identify discrepancies for existing data in the Hospital Location file (#44).

The Location/MEPRS GROUP ID Inconsistency Report (LMG) option, lists hospital locations with Inconsistent Group IDs. It also lists hospital locations that have neither a MEPRS or Cost Pool Code assigned. The term "Inconsistent Group IDs" refers to a location with a Division Group ID not equal to the Group ID for its associated MEPRS code or Cost Pool Code. This report is used to analyze existing data discrepancies, and based on that analysis, manually correct them as required.

Outpatient Cost Pool (OCP)

All OCP data is now generated similarly to WAM SAS 003 for requesting MEPRS codes existing in SAS 241-299. (SAS 003 is defined as Total Outpatient and Inpatient Visits, and SAS 241-299 are defined as Air Force-specific collection of cost pool data.)

Manual editing capability is provided in OCP SAS enter/edit functionality in accordance with the business rules established for the WAM Core Table. Your edits generate a message to the existing WAM Exception Report if you change workload data.

TOOLS Enhancements

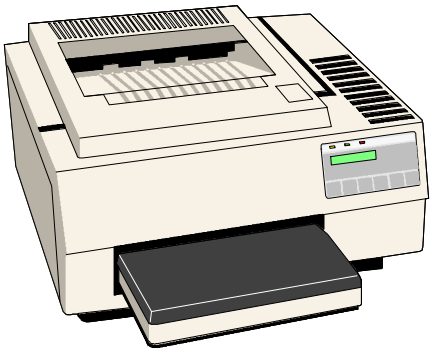
Update to the Device Handler

The new Device Handler (DH) functionality manages communications between the CHCS application software, site users, the system manager and external devices.

The DH functionality allows you to:

- Query the status of and cancel pending print requests using the Query Print Request (QPR) option on the secondary menu.

- View and reprint a document using the Reprint Report (RPR) option on the secondary menu.
- Enter a backslash (/) at a device prompt to access the Device Setting screen. In this screen you may:
  - specify the default setting for confirmation messages
  - specify that a print request has a confirmation message
  - specify that a job be queued
  - modify your default print
  - format characteristics
  - modify the print format characteristics for a specific print request
  - specify your default device
  - specify the number of copies to be printed for automatically spooled print requests.



The new DH functionality enables system managers to:

- Create, edit and delete devices and their settings through the updated Device Edit (DEDT) option on the Device Editor Menu
- View devices and their settings through the updated Display Device Data (DDD) option on the Device Editor Menu
- Create, edit and delete device types and their settings through the updated Terminal Type Edit (TTED) option on the Device Editor Menu
- List device types and their settings through the updated List Terminal Type (LTT) option on the Device Editor Menu
- View, purge and define the users' device settings through three options on the User Management Menu: User Device Settings Report (UDSR), Define User Device Settings (DUDS), and Purge User Device Settings (PUDS)
- Determine whether a device is accessible, and if not why, by selecting the Verify Device Accessibility (VDA) option on the Device Editor Menu
- View the status of print requests by user or by device through the View Print Status by User (VPSU) option on the Device Editor Menu
- Reprint a user's print request through the Reprint Reports by User (RRU) option on the Device Editor Menu
- Cancel or change the priority of a user's pending print request through the Cancel/Modify Print Request (CMPR) option on the Device Editor Menu.

- Maintain site parameters related to DH functionality. *Note:* Thirteen new site parameters have been implemented.

HL7 Messaging Enhancements Improve System Performance

The Health Level 7 (HL7) Generic TOOLS Development/Enhancement Project for CHCS Version 4.6 enables the bidirectional data interchange between CHCS and connecting external systems. It provides the performance and throughput improvement required to accommodate the expected increase of data interchange traffic.

Security Auditing Enhancements

The new Security Auditing functionality manages the CHCS user security auditing activities. User activities involving menu option, file/record, and device accesses are audited and logged.

Security Auditing provides two new options on the Security Officer Menu (SPY).

The Manage Audit Functions (MAF) option supports auditing activities other than generating reports. MAF primarily controls defining users to be audited and managing the Security Audit Log.

The Security Audit Reports (SAR) option is used to generate standard reports for site management. SAR collects the site administrator-specified data from the Security Audit Log file and formats the data into standard reports.

Using these options, the system manager can monitor users and generate reports from the collected user audit data. The system manager can also create, modify, and delete audit groups.

Collected audit data is retained for a designated period of time or is kept for the default sixty day time period. Purging audit data is under site administrator control.

Enhancements to the Online Users Manual (OLUM)

The OLUM has been updated to include twelve new options on the OLUM Table of Contents and Index Menus These menus provide access to the following OLUM sections:

- Workload Assignment Module (WAM)
- Technical Topics (TOP)
- Data Administration (DAA)
- Device Editor (DE)
- FileMan Ad Hoc User Guide (FMG)
- FileMan Reference (FMR)
- Menu Management (ME)
- Manage MailMan (MM)
- Site Manager (SM)

OLUM now expanded to include twelve new options.

There are two new options on the OLUM Release Notes Menu.

- Tools (TOL)
- Workload Assignment Module (WAM)

The up- and down-arrows, and Page Up/Page Down keys are used to move from one option to another.

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D/SIDDOMS

Delivery Order 0134, Development and Alpha Deployment of CHCS Version 4.6, CDRL Item 10

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Contract Total Dollar Value: [Established via Individual Delivery Orders]
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For:

Defense Supply Service - Washington
and Composite Health Care System Program Office
Julie Phillips, Contract Officer's Representative

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